Arum Healthcare Services, Inc.
25 N Lansdowne Ave
Lansdowne, PA 19050

CARE PROVIDER REQUIREMENTS

Thank you for your interest in joining Arum Healthcare Services, Inc. (AHS). AHS provides experienced, compassionate care to individuals needing in home services. We receive many inquiries each day from people who are interested in qualifying to be on our high-quality care provider team.

The Arum team is the center of service delivery and to be considered as a potential team member, the following must be met:

1. Minimum 1+ years of experience providing care within the industry
2. A dependable vehicle properly registered and insured
3. Valid state driver's license
4. You must be RESPECTFUL, COMPASSIONATE, TRUSTWORTHY and DEPENDABLE

In addition to meeting the above criteria, the following documentation will be required (bring originals and we will make copies):

1. ID
2. Copy of Social Security Card
3. **PPD Test – Health care worker who has never had one**: If the first test result is negative, the health care worker may begin to work immediately, but the second PPD must be administered between one and three weeks after the first PPD.
   PPD Test – Health care worker who had one previous negative PPD test: If a health care worker brings in a negative test result from a previous test, the test result can count as the first step. A second PPD test can now be applied provided the interval between the first and second test is no more than 1 year.
4. PA State Police Criminal Background Check, Child Abuse Clearance (if applicable) and FBI Clearance. NOTE: If you have lived in Pennsylvania less than 2 years, FBI Clearance is required.
5. Certifications and/or degrees
6. Minimum of 3 verifiable professional references
7. For direct deposit we will need something with your account/routing number (i.e. voided check, memo from bank, etc.) and need to specify checking or savings account.

If you can meet all the above, then completely read and fill out the attached Care Provider Application and please fax; return by email or snail mail; or drop off at our office listed above.

Thank you for your interest in joining the Arum Team!

Sincerely,

Arum Healthcare Services, Inc.

Arum Healthcare Services, Inc.
25 N Lansdowne Ave
Lansdowne, PA 19050

CARE PROVIDER APPLICATION

By completing the application and questionnaire, you are applying for a contractual position with Arum Healthcare Services, Inc. (AHS). AHS is dedicated to a policy of non-discrimination on any basis including race, color, national origin, age, disability, sex, gender identity, religion, political beliefs, marital status, familial or parental status, or sexual orientation.

Today's Date: _____

PERSONAL INFORMATION:

First Name	Last Name	Middle Name
Street Address	City/State	Zip Code
Home Phone	Cell Phone	Do you smoke? □ yes □ no
Email Address	Date of Birth	Social Security #
Male _____ Female _____ Other _____ If you do not identify as male or female choose "Other."		
How long have you lived in the state of Pennsylvania: Years _____ Months _____ How long have you provided home care? _____ Are you transferring from another homecare agency? **Yes** _____ **No** _____		
Are you currently employed/provide care to others? □ yes □ no If yes, explain:	Have you ever been convicted of a misdemeanor or felony? □ yes □ no If yes, explain:	Date you can start: _____ Anticipated Salary: _____ Preferred Pay: Weekly _____ Biweekly _____

TRANSPORTATION: (Most clients require transportation, often using the care provider's vehicle.)

Do you have dependable transportation? □ yes □ no	Make/Model/Year of Vehicle:	Color of Vehicle:
License Plate #	Driver License #	Auto Insurance Policy #
Insurance Company Name:	Insurance Agent Name:	Insurance Agent Phone #

AVAILABILITY:

Days & Times You Are Available:	Days & Times You are NOT available:
Can you be called at the last minute in case of emergency? □ yes □ no	List any towns/cities/areas that you will NOT accept work: _____ _____

EMERGENCY CONTACT:

Name _____ Relationship _____ Ph Number _____

EDUCATION: (Bring originals of degrees and/or certifications. We will verify all documents with the issuer.)

High School	City/State	Course of Study	Years Completed or Degree
College	City/State	Course of Study	Years Completed or Degree
Graduate School	City/State	Course of Study	Years Completed or Degree
Other	City/State	Course of Study	Years Completed or Degree

Certifications:

Special trainings/courses:

SKILLS: (Indicate which of the following skills you are prepared to provide if referred to clients.)

Companion Care & Safety	□ yes □ no		Medication Reminders	□ yes □ no		Oral Care	□ yes □ no
Alzheimer's	□ yes □ no		Transportation	□ yes □ no		Shaving Assistance	□ yes □ no
Dementia	□ yes □ no		Bathing (reg bed, sponge)	□ yes □ no		Assist with PT/Exercise	□ yes □ no
Meal Prep/ Clean Up	□ yes □ no		Dressing/ Grooming	□ yes □ no		Assist with Prosthesis	□ yes □ no
Feeding	□ yes □ no		Incontinence	□ yes □ no		Hospice	□ yes □ no
Light Housekeeping	□ yes □ no		Amputation	□ yes □ no		Willing to Work with Pets	□ yes □ no
Laundry	□ yes □ no		Transfer Assist	□ yes □ no		Speak Fluent English	□ yes □ no

WORK HISTORY: (Provide at least five years of recent, verifiable work history, starting with the present or most recent.)

Company Name	From	To
Job Title	Duties	Reason for Leaving
Salary History	Supervisor's Name	Supervisor's Phone #

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Job Title	Duties	Reason for Leaving
Salary History	Supervisor's Name	Supervisor's Phone #

Company Name	From	To
Job Title	Duties	Reason for Leaving
Salary History	Supervisor's Name	Supervisor's Phone #

Why do you feel you would be an excellent addition to the Arum family?
_____
_____
_____

BUSINESS/PROFESSIONAL REFERENCES: (All references will be verified.)

Name	Address	Relationship/Years Known	Phone #
Name	Address	Relationship/Years Known	Phone #
Name	Address	Relationship/Years Known	Phone #

Certification and Release: I certify that I have read and understand the general requirements of Arum Healthcare Services, Inc. on Page 1 of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I completely understand that I am submitting this application and that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application and or termination of any type of contractual agreement. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to, work, criminal and credit history, and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. *Pennsylvania State Background checks are the responsibility of the employee. If Arum Healthcare Services provides the state background check, $22.00 will be deducted from employees first paycheck to cover the cost of the state background check.

Applicant Signature _____ Date _____